FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90156 023 ***150.00

DOCUMENT # P99000099200

1. Entity Name

A.J.A.J., INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2666 E. OAKLAND PARK BLVD.	2666 E. OAKLAND PARK BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE, FL	City & State: FT. LAUDERDALE, FL
Zip: 33306 Country: BROWARD	Zip: 33306 Country: BROWARD

4. FEI Number: 65-096151 1 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: STENGLE, ARTHUR

Street Address (P.O. Box Number is Not Acceptable): 2225 NORTHEAST 20th AVE.

City: WILTON MANORS FL Zip Code: 33305

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1 Fee is $350.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	STENGLE, ARTHUR
STREET ADDRESS	2225 NORTHEAST 20th AVE.
CITY-ST-ZIP	WILTON MANORS, FL 33305
TITLE	VICE PRESIDENT
NAME	JINKINS, SHANA
STREET ADDRESS	2225 NORTHEAST 20th AVE.
CITY-ST-ZIP	WILTON MANORS, FL 33305
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/26/02 Date 9545679490 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Shana Jinkins
954-605-7750